

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

39659
5172

JAN 18 1935

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1802
City Kansas City (No. St Lukes Hospital) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME Mrs. Clara A. Bandy

(a) Residence, No. Dedrick, Missouri St. _____ Ward _____
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 21, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
76 5 10

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 466
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home 176
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation. 122 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

FATHER 13. NAME Mr. Carr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

MOTHER 15. MAIDEN NAME Sophia Mills

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT C. R. Bandy
(ADDRESS) Missouri Hotel, K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Blaker Cemetery DATE _____ 19 _____

19. UNDERTAKER Hays Brothers
(ADDRESS) Nevada, Missouri

20. FILED 12-1 19 34 aman Crowl
Registrar.

5 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-30 19 34

22. I HEREBY CERTIFY, That I attended deceased from Nov 18 1934, to Nov 30 1934

I last saw him alive on Nov 30 1934. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

Cholelithiasis from common duct obstruction due to gallstone disease. Bronchitis pneumonia.
Other contributory causes of importance: Carcinoma of sigmoid

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) E. P. Nathan, M. D.

(Address) 1.032 Professional Bldg

